Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No.		
First Inventor	Hongzhi	Bao
Title	Mr.	·
Funna Mail Label Na		

(Only for new	nonprovisional applications under 37 CFR 1.53(b))	Express Mail Label No.				
-	APPLICATION ELEMENTS pter 600 concerning utility patent application contents.	ADDRESS TO:	Mail Stop F P.O. Box 1	oner for Patents Patent Application 450 VA 22313-1450		
(Submit en See 37 C Applicant See 37 C Specifica (preferred - Descripti - Cross Re - Statemei - Referenc or a com - Backgroi - Brief Sur - Brief Des		b. Specificat  i. CD-  ii. Pap  c. Statemen	ram (Apper mino Acid S essary) Reader Fo ion Sequer ROM or CE er	ndix) Sequence Subm rm (CRF) nce Listing on: D-R (2 copies); of	nission or ve copies	
- Claim(s)	of the Disclosure	ACCOMPAN'	TING AP	PLICATION	PARIS	
4. Drawing( 5. Oath or Declar a. Newly b. Copy (for cc i. Di Sig nai 1.6 6. Applica  18. If a CONTINU specification follow Continua Prior application info For CONTINUATIOI 5b, is considered a	ation [Total Sheets 1] ation a prior application (37 CFR 1.63(d)) antinuation/divisional with Box 18 completed)  ELETION OF INVENTOR(S) and statement attached deleting inventor(s) are in the prior application, see 37 CFR (3(d)(2) and 1.33(b)).  Ition Data Sheet. See 37 CFR 1.76  BING APPLICATION, check appropriate box, and supposing the title, or in an Application Data Sheet under 3 tion [Investigation Investigation Investiga	10. 37 CFR 3.73(   (when there is English Trans	b) Stateme is an assignation Document is closure 959/PTO-14 mendment of Postcard pecifically ite y of Priority is claim in Request pplicant muent.	ee) Atiment (if application of the properties of	over of torney (ble) (pies of IDS tations 122 PTO/SB/35	 e
The moorporation s		DENCE ADDRESS	писа аррио	unon purco.		
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)  OR Correspondence address below						
Name	Bin Chen			^		
Address	48 Insmill Cres.					
City	Kanata	State 6N		Zip Code	K2T	194
Country		elephone 613 270	9936	Fax		
Name (Print/Type		Registration No. (Attorne				Ť
Signature		<u> </u>		Date		
				·		

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PTO/SB/17 (05-03)

Approved for use through 04/30/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE	TR	AN	SM	IT	TAL
•	for	FY	200	)3	

(\$)

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

SUBMITTED BY

Name (Print/Type)

spond to a collection of information unless it displa	ays a valid OMB control number.
Complete if Knowr	
Application Number	P.T.C
Filing Date	
First Named Inventor	S
Examiner Name	
Art Unit	80
Attorney Docket No.	

(Complete (if applicable)

Telephone

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)						
Check Credit card Money Other None		3. ADDITIONAL FEES					
Deposit Account:		Entity	Small	Entity			
Deposit Deposit	Fee Code	Fee (\$)		Fee (\$)	Fee Description	For Doid	
Account Number	1051	130	2051	• • •	Surcharge - late filing fee or oath	Fee Paid	
Deposit	1052	50	2052		Surcharge - late provisional filing fee or		
Account Name	i				cover sheet		
The Director is authorized to: (check all that apply)	1053	130 2.520	1053 1812		Non-English specification  For filing a request for ex parte reexamination		
Charge fee(s) indicated below Credit any overpayments	1804			• • • • •	• •		
Charge any additional fee(s) during the pendency of this application	1004	920*	1804	920	Requesting publication of SIR prior to Examiner action		
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	;	
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month		
1. BASIC FILING FEE	1252	410	2252	205	Extension for reply within second month		
Large Entity Small Entity	1253	930	2253	465	Extension for reply within third month		
Fee Fee Fee Fee Paid Code (\$) Code (\$)	1254	1,450	2254	725	Extension for reply within fourth month		
1001 750 2001 376 Utility filing for	1255	1,970	2255	985	Extension for reply within fifth month		
1002 330 2002 165 Design filing fee	1401	320	2401	160	Notice of Appeal		
1003 520 2003 260 Plant filing fee	1402	320	2402	160	Filing a brief in support of an appeal		
1004 750 2004 375 Reissue filing fee	1403	280	2403	140	Request for oral hearing		
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding		
SUBTOTAL (1) (\$) 375	1452	110	2452	55	Petition to revive - unavoidable		
		1,300	2453	650	Petition to revive - unintentional	·	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,300	2501	650	Utility issue fee (or reissue)		
Extra Claims below Fee Paid	1502	470	2502	235	Design issue fee		
Total Claims		630	2503	315	Plant issue fee		
		130	1460	130	Petitions to the Commissioner .		
	1807	50	1807	7 50	Processing fee under 37 CFR 1.17(q)		
Large Entity   Small Entity Fee Fee   Fee Fee   Fee Description	1806	180	1806		Submission of Information Disclosure Stmt		
Code (\$)	8021	40	8021	40	Recording each patent assignment per property (times number of properties)		
1201 84 2201 42 Independent claims in excess of 3	1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))		
1203 280 2203 140 Multiple dependent claim, if not paid	1810	750	2810	375	For each additional invention to be examined (37 CFR 1.129(b))		
1204 84 2204 42 ** Reissue independent claims over original patent	1801	750	2801	375	Request for Continued Examination (RCE)		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802		Request for expedited examination of a design application		
)		fee (sp	ecify)		o. a addign approduct		
SUBTOTAL (2) (\$) O		٠.	• • •	Filing F	ee Paid SUBTOTAL (3) (\$)		
**or number previously paid, if greater; For Reissues, see above		/			30BTOTAL (3) (\$)	0	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Registration No.

(Attorney/Agent)